

APPLICATION FOR CHIROPRACTIC TEMPORARY PERMIT

Instructions

Please complete this form by providing the requested information. Both signatures must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. Failure to provide the requested information will result in the return of your application.

TEMPORARY PRACTICE. Any person who has submitted an application to the board for licensure by examination to practice chiropractic in the state of Idaho, may be permitted to practice chiropractic prior to examination and licensure in accordance with board rules upon the following conditions:

- (1) The applicant must request permission of the board in writing to engage in such temporary practice and must affirmatively show that the applicant will take the next examination for licensure given by the board, and that the applicant has not failed two (2) previous examinations conducted by the board; and
 - (2) A licensed physician certifies to the board that such applicant will practice chiropractic under the direct and immediate supervision of such physician and only in the office of such physician.
- (see §54-711., Idaho Code)

NOTE: IT IS UNLAWFUL TO PRACTICE CHIROPRACTIC, OR ADVERTISE AS A CHIROPRACTIC PHYSICIAN, OR USE ANY WORD OR TITLE OR ABBREVIATION TO INDICATE CHIROPRACTIC LICENSURE OR PRACTICE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE. ANY VIOLATION MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (See §54-705. & 708., I.C.)

Please mail your completed application and attachments to:

**IDAHO STATE BOARD OF CHIROPRACTIC PHYSICIANS
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642**

E-MAIL chi@ibol.idaho.gov

WEB www.ibol.idaho.gov/chi.htm

**STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642**

APPLICATION FOR CHIROPRACTIC TEMPORARY PERMIT

A permit fee of \$50.00 must be submitted with this application.

I hereby request authorization from the Idaho State Board of Chiropractic Physicians to engage in the temporary practice of chiropractic in Idaho under the provisions of §54-711., Idaho Code, and provide the following:

- 01. Applicant Name** _____
- 02. Supervisor's Name** _____ **License #** _____
- 03. Supervisor's Business Name** _____
- 04. Business Location Address** _____
Street /Suite # _____ City _____ State _____ Zip _____
- 05. Mailing address** _____
Street/PO Box _____ City _____ State _____ Zip _____
- 06. Home phone** _(____)_____ **Business phone** _(____)_____ **E-mail** _____

SUPERVISOR'S AFFIDAVIT

I hereby certify that I have read and will abide by the obligations and requirements of the Idaho Chiropractic Physician Laws & Rules, and that I will serve as supervisor for the above named applicant. I understand that my responsibilities of supervision will be in effect until the applicant receives examination results from the next regularly scheduled examination. I further understand that I may terminate my supervision anytime prior to said examination by submitting written notice of termination by certified mail to the Idaho State Board of Chiropractic Physicians. I further understand that my supervision shall immediately cease and the applicant's permit shall become immediately null and void in the event the applicant is determined to be ineligible for licensure.

Signature of Supervisor

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____